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Total # of Pages 5 (including this page)

TO:	PHONE #:	FAX #:
U.S. Patent and Trademark Office Examiner: Phillip Gambel, Ph.D. Group Art Unit: 1644	(703) 872-9305	(703) 872-9307

From : Stacy L. Taylor

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Date : October 21, 2003

Client/Matter No : 041673-2069

User ID No : 3054

Applicant: Thomas J. Kipps
Title: NOVEL EXPRESSION VECTORS CONTAINING ACCESSOR MOLECULE LIGAND
GENES AND THEIR USE FOR IMMUNOMODULATION AND TREATMENT OF
MALIGNANCIES AND AUTOIMMUNE DISEASE
Application No.: 08/982,272
Filing Date: December 1, 1997
Examiner: Phillip Gambel
Art Unit: 1644

Documents enclosed:

Notice of Appeal (in duplicate) 4 pages.

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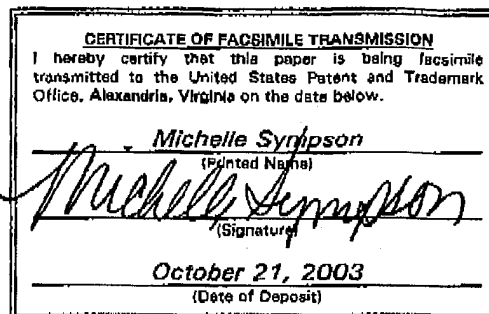
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Att. Dkt. No. 041673-2069

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Thomas J. Kipps

Title: NOVEL EXPRESSION VECTORS
CONTAINING ACCESSORY
MOLECULE LIGAND GENES
AND THEIR USE FOR
IMMUNOMODULATION AND
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MALIGNANCIES AND
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Appl. No.: 08/982,272

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Art Unit: 1644

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**NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD
OF PATENT APPEALS AND INTERFERENCES**

OFFICIAL

Mail Stop AF
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

Applicant hereby appeals to the Board of Patent Appeals from the decision of the final rejection dated April 22, 2003, rejecting Claims 87-90, 93-95, 97-100, 111, 113, 115, 116, 137-144.

☒ Applicant claims small entity status.

☒ Notice of Appeal Fee

☒ To be paid as detailed below

Atty. Dkt. No. 041673-2069

The required fees are calculated below:

<input checked="" type="checkbox"/>	Notice of Appeal Fee	\$330.00
<input type="checkbox"/>	Extension month:	\$0.00
<input type="checkbox"/>	Extension:	\$0.00
	FEE TOTAL:	\$330.00
<input checked="" type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):	\$165.00
	TOTAL FEE:	\$165.00

- ☒ Please charge Deposit Account No. 50-0872 in the amount of \$165.00 . A duplicate copy of this transmittal is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 10-21-03By Stacy L. Taylor

FOLEY & LARDNER

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Stacy L. Taylor
Attorney for Applicant
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